

NORTH CAROLINA FEDERAL PROPERTY AGENCY
1950 GARNER ROAD
1311 MAIL SERVICE CENTER RALEIGH NC 27699-1311
RALEIGH NC 27610
STATE COURIER 52-61-07

APPLICATION FOR ELIGIBILITY

To Receive Federal Surplus Property (41 CFR 101-44.207)

I. LEGAL NAME & MAILING ADDRESS OF APPLICANT ORGANIZATION:

| | |
|---|-----------------|
| Name of Organization | Federal Tax ID# |
| Mailing Address (P.O. Box #, Street, City & State) | Zip Code |
| Street Address/Location (if different from mailing address) | |
| County | Telephone # |

II. APPLICANT STATUS (CHECK ONE):

- ☐ Public Agency including Public Schools (evidence must be provided)
- ☐ Nonprofit, tax-exempt Organization

III. TYPE OR PURPOSE OF ORGANIZATION:

- | | | | | |
|--|--|---|--|--|
| <input type="checkbox"/> State | <input type="checkbox"/> College or University | <input type="checkbox"/> Child Care Center | <input type="checkbox"/> Training Center | <input type="checkbox"/> Medical Institution |
| <input type="checkbox"/> County | <input type="checkbox"/> Secondary School | <input type="checkbox"/> School for Handicapped | <input type="checkbox"/> Radio/TV Station | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> City | <input type="checkbox"/> Elementary School | <input type="checkbox"/> School for Retarded | <input type="checkbox"/> Library | <input type="checkbox"/> Health Center |
| <input type="checkbox"/> School District | <input type="checkbox"/> Preschool | <input type="checkbox"/> Museum | <input type="checkbox"/> Sheltered Workshop Training Program | |
| | <input type="checkbox"/> Program for Older Individuals | <input type="checkbox"/> Provider of Assistance to Homeless Individuals | <input type="checkbox"/> Clinic | |
| | <input type="checkbox"/> Other (specify) _____ | | | |

IV. PROVIDE A WRITTEN DESCRIPTION OF PROGRAM OR SERVICES OFFERED, INCLUDING A DESCRIPTION OF FACILITIES OPERATED. (REQUIRED)

V. SOURCES OF FUNDING (Attach Supporting Documentation):

- ☐ Tax Supported ☐ Grant ☐ Contributions ☐ Other (Specify) _____

VI. HAS THE ORGANIZATION BEEN DETERMINED TO BE TAX EXEMPT UNDER SECTION 501 OF THE INTERNAL REVENUE CODE OF 1954: _____ (COPY REQUIRED)

VII. HAS THE ORGANIZATION BEEN APPROVED, ACCREDITED, OR LICENSED? _____ (COPY REQUIRED) BY WHAT AUTHORITY? _____

VIII. _____ Date _____ Signature of Authorized Official

FOR STATE AGENCY USE ONLY

The applicant has been determined ☐ eligible ☐ ineligible ☐ conditionally eligible

as ☐ a public agency, ☐ nonprofit education, ☐ nonprofit health

Eligibility expires _____ Account # _____

Date

Director

PC-90